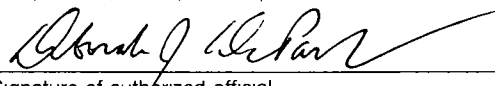


Political Organization
Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate instructions.

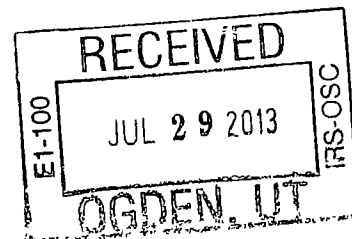
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|
| A For the period beginning January 1 , 20 13 and ending June 30 , 20 13 | | | | | | | | | | | |
| B Check applicable boxes <input checked="" type="checkbox"/> Initial report <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Final report | | | | | | | | | | | |
| 1 Name of organization Viad Corp Good Government Project | Employer identification number 86 0654515 | | | | | | | | | | |
| 2 Mailing address (P O. Box or number, street, and room or suite number) 1850 N. Central Avenue, Suite 1900 City or town, state, and ZIP code Phoenix, AZ 85004-4565 | | | | | | | | | | | |
| 3 E-mail address of organization | 4 Date organization was formed 6/7/1978 | | | | | | | | | | |
| 5a Name of custodian of records Deborah J. DePaoli | 5b Custodian's address 1850 N. Central Avenue, Suite 1900 Phoenix, AZ 85004-4565 | | | | | | | | | | |
| 6a Name of contact person Deborah J. DePaoli | 6b Contact person's address 1850 N. Central Avenue, Suite 1900 Phoenix, AZ 85004-4565 | | | | | | | | | | |
| 7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number City or town, state, and ZIP code | | | | | | | | | | | |
| 8 Type of report (check only one box) <table border="0"><tr><td>a <input type="checkbox"/> First quarterly report (due by April 15)</td><td>f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)</td></tr><tr><td>b <input type="checkbox"/> Second quarterly report (due by July 15)</td><td>g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of: _____</td></tr><tr><td>c <input type="checkbox"/> Third quarterly report (due by October 15)</td><td>h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of _____</td></tr><tr><td>d <input type="checkbox"/> Year-end report (due by January 31)</td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</td><td></td></tr></table> | | a <input type="checkbox"/> First quarterly report (due by April 15) | f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31) | b <input type="checkbox"/> Second quarterly report (due by July 15) | g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of: _____ | c <input type="checkbox"/> Third quarterly report (due by October 15) | h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of _____ | d <input type="checkbox"/> Year-end report (due by January 31) | | e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31) | |
| a <input type="checkbox"/> First quarterly report (due by April 15) | f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31) | | | | | | | | | | |
| b <input type="checkbox"/> Second quarterly report (due by July 15) | g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of: _____ | | | | | | | | | | |
| c <input type="checkbox"/> Third quarterly report (due by October 15) | h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of _____ | | | | | | | | | | |
| d <input type="checkbox"/> Year-end report (due by January 31) | | | | | | | | | | | |
| e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31) | | | | | | | | | | | |
| 9 Total amount of reported contributions (total from all attached Schedules A) | 9 0 | | | | | | | | | | |
| 10 Total amount of reported expenditures (total from all attached Schedules B) | 10 0 | | | | | | | | | | |
| Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete  Signature of authorized official Date July 19, 2013 | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form 8872 (11-2002)

SCANNED AUG 01 2013



| Schedule A Itemized Contributions | | Schedule A page 1 of 1 |
|---|---|---|
| Name of organization Viad Corp Good Government Project | | Employer identification number 86 0654515 |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶ | | \$ 0 |

Schedule B Itemized Expenditures

Schedule B page 1 of 1

Name of organization

Employer identification number

Viad Corp Good Government Project**86 0654515**

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872

\$ 0

